

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11872</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Daniel</u> <u>J</u> <u>McGraw</u> P.O. Box, Bldg., Room No., if any Street <u>44 Hannay Lane</u> City <u>Glenmont</u> State <u>New York</u> ZIP Code + 4 <u>12077</u>	4. Name, file number, and address of labor organization. Name <u>Local 106 IUOE</u> Labor Organization File Number <u>017173</u> P.O. Box, Building and Room Number, if any Street <u>44 Hannay Lane</u> City <u>Glenmont</u> State <u>New York</u> ZIP Code + 4 <u>12077</u>
5. Position in labor organization. <u>Business Mgr/Fin. Sec.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>08/08/2005</u> Date	<u>(518) 431-0600</u> Telephone Number

Name of Person Filing <b>Daniel McGraw</b>	File Number <b>U-</b>
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>The General Pension Plan IUOE (GPP)</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1125 17th Street</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b> ZIP Code + 4 <b>20036</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>The GPP covers the officers/staff of IUOE Local unions and receives contributions from such locals. The GPP pays rent to the IUOE and reimburses certain administrative expenses, including salaries, fringe benefits, postage and phone.</p>
	<p>11.b. Approximate dollar value of such dealing. <b>\$11,000,000</b></p>
	<p>12.a. Nature of interest held or income received.</p> <p>Board meeting expenses</p>
	<p>12.b. Amount. <b>\$1,235</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing Daniel McGraw

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Engineers Joint Benefit Funds (EJBF)

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101 Intrepid Lane

City Syracuse

State New York ZIP Code + 4 12077

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The EJBF covers members of 5 upstate New York Local Unions, including Local 106, for medical and pension benefits.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursements for employee benefit conference

12.b. Amount.

\$3,080

Name of Person Filing Daniel McGraw

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Killian Asset Management Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1250 W. Northwest Highway STE 600

City Palatine

State Illinois

ZIP Code + 4 68067

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name General Pension Fund IUOE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street

City Washington

State District of Columbia

ZIP Code + 4 20036

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner following trustees meeting

12.b. Amount.

\$25